



REPORT OF ACTIVITY IMPACT Service Provider

State Form 47578 (9-96) / IMP 0012

Page _____ of _____ pages

Name of Service Provider	<input type="checkbox"/> AFDC <input type="checkbox"/> FS	Agreement number	County
Name of Contact	Telephone number of Contact		Date (month, year)

SERVICE CODE	SERVICE COMPONENT DESCRIPTION	REFERRAL FORMS RECEIVED	APPOINTMENTS NOT KEPT	BEGAN ACTIVITY	PARTICIPATING IN ACTIVITY (new & carry-overs)	NUMBER PROJECTED TO SERVE	NUMBER COMPLETING ACTIVITY	NUMBER EXITING FOR OTHER REASONS *
1 - 01	Job Search							
1 - 03	Job Placement - Initial							
1 - 08	Interim Job Placement - Initial							
2 - 04	Job Training Completion							
4 - 02	Worksite Placement							
5 - 01	Adult Basic Education							
5 - 02	GED Preparation							
5 - 03	English as a Second Language							
5 - 04	Adult Vocational							
6 - 01	# Family Life Skills							
6 - 02	# Work Maturity Competency							
6 - 03	# Personal Growth							
6 - 04	# Social Skills							

* List other reasons by service code on the back of this page.

If this form is for Food Stamp Clients, do not use these rows.